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ABSTRACT

New standards of practice that describe in generic terms what a pharmacist does in fulfilling the basic responsibilities of the profession are presented as part of the Continuing Competence in Pharmacy Project of the American Pharmacy Association and the American Association of Colleges of Pharmacy. The four major areas of responsibilities for pharmacists are: general management and administration of the pharmacy, activities related to processing the prescription, patient care functions, and education of health care professionals and patients. For each of these areas, specific responsibilities and tasks are identified. In general, the administrative role involves pharmacy management, personnel, and fiscal policy, while prescription processing includes verification of the prescription for legality and physical and chemical compatibility and measuring quantities needed to dispense prescriptions. Patient care functions include clarifying the patient's understanding of dosage and potential drug-related conditions, referring patients to other health care resources, and monitoring and evaluating therapeutic responses of the patient. The educational role involves organizing, maintaining, and providing drug information to other health care professionals, organizing and/or participating in in-pharmacy education programs for other pharmacists, and developing a system for drug distribution and quality control. Among the uses of the standards are pharmacist self-assessment of both practice and ability to provide needed services. To make the standards work, more comprehensive procedures will require cooperation within the profession, from practitioners, educators, and professional associations. Findings from a national study of what pharmacists actually do, which provided the basis for the development of the standards, are summarized. (SW)

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Standards of Practice for the Profession of Pharmacy

By SAMUEL H. KALMAN
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Every profession must have a measure by which to judge its practice. This special section of American Pharmacy *represents the culmination of years of effort, guided by the American Pharmaceutical Association and the American Association of Colleges of Pharmacy, to set forth the Standards of Practice for the profession of pharmacy, as published here in their entirety.*

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Introduction: Standards of Practice

New "Standards of Practice" for the profession of pharmacy have been completed after six grueling years of work and an investment by the American Pharmaceutical Association and the American Association of Colleges of Pharmacy of more than $250,000.

These Standards, which begin on page 24, should provide the cornerstone for the future practice of pharmacy. They describe in generic terms what a pharmacist does in fulfilling the basic responsibilities of the profession.

The Standards have been developed at an opportune time:

- They will enable the profession to inform the federal government and other official agencies dealing with health care matters on exactly what constitutes comprehensive pharmaceutical service;
- Third-party payors will understand better what they should be paying for;
- The schools and colleges of pharmacy will be able to scrutinize their curricula to determine the relevancy of subject matter in their educational programs;
- Providers of continuing education will be able to identify practitioner needs more accurately and design programs around uniformly acceptable objectives.

The Standards also will provide the basis for promoting the pharmacist's role to the public; people will learn what they can expect and what they may legitimately demand in the way of pharmaceutical service. Regulatory boards can use them to review the pertinence and relevance of licensing examinations. And pharmacists will be in the enviable position of defining for other health care practitioners the scope of pharmacy practice, showing them clearly where the pharmacist's responsibilities lie in relation to the roles of these colleagues.

But the immediate use to which the Standards can be put is pharmacist self-assessment of both practice and ability to provide needed services. As they now exist, the Standards tell what pharmacists do. They give the pharmacist a basis of reference by describing the kinds of functions being performed by other similarly trained health professionals who collectively are called pharmacists. Thus the Standards point out to all pharmacists the nature of comprehensive pharmaceutical service, and they provide adequate guidance for pharmacists to investigate and prepare for delivering any new service.

Determining one's own competence by comparing present functions to those suggested by the Standards is easier than you might think. Start by becoming a "student" of your own practice:

- Read through the Standards and make the connection between what you do and what is described in the Standards;
- Identify those responsibilities on which you spend most of your time and which require a certain level of judgment;*
- Determine which responsibilities you perform most often, and use them to begin your self-assessment program;
- Analyze the judgments you are making in providing service related to the responsibilities;
- Design your program of study.

This simple procedure provides a valid and effective way to detect practice deficiencies. So get out a notebook and begin keeping a record of specific situations involving the responsibilities you have selected. Make note of the actions you take. If you decide to track several responsibilities, you may want to assign a separate page to each one. Then analyze your record by comparing what actions you took in relation to the Standards. Ask yourself whether you feel comfortable with the judgments (decisions) you are making. Did you have enough information to make the decision? Was the information up-to-date?

If you decide that there is room for improvement, take the initiative to find out where information about the subject is available. You may want to contact the continuing education personnel at the college of pharmacy in your area to assist you in identifying and obtaining appropriate resources.

You can follow these self-assessment steps now; many pharmacists already do. Future plans call for developing more formal methods of self-assessment from which pharmacists may voluntarily and confidentially evaluate their own competence.

To make the Standards work, more comprehensive procedures will require cooperation within the profession of pharmacy—from practitioners, educators, and professional associations.

First, the Standards of Practice must be widely disseminated. This publication of the Standards begins

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*The level of judgment that you as a pharmacist must apply to deal effectively with a specific responsibility may:

- Require only ability to *recall, recognize,* and *interpret* specific pharmaceutical information;
- Require the ability to *apply* knowledge to *new* or *changing* situations;
- Require the ability to *analyze information, and to distinguish facts from assumptions* before acting;
- Require the ability to *put information together* to arrive at solutions to problems and to *evaluate* the usefulness of these solutions.

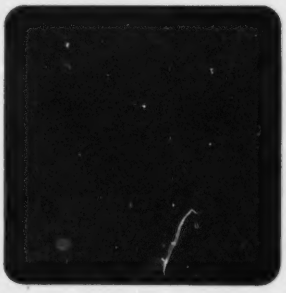
that process. As revisions or modifications are called for or as new standards evolve, they too will be published. Standards of practice are expected to be as dynamic as the profession of pharmacy itself.

Second, practitioners must be given an opportunity to determine, in a confidential and voluntary way, how well they fulfill the responsibilities covered by the Standards. The development of a self-assessment program to be made available to pharmacists is the next order of business. Phase two of the joint AACP/APhA project calls for the development of a bank of self-assessment items that can be used in developing such programs.

Third, programs designed to "fill the gap" in the pharmacist's self-appraised competence must be made accessible to practitioners. As feedback of pharmacists' self-assessment activities reaches the providers of continuing professional education, these educators will be responsible for establishing programs that will help practitioners maintain their competence to practice.

Finally, pharmacists should be able to determine how well they have developed their new competencies. Methods by which practitioners can demonstrate that they maintain the needed competencies of a pharmacist will have to be explored.

The profession has completed the first phase of its Continuing Competence in Pharmacy Project with the publication of the Standards of Practice. Eventually, through the initiative of individual pharmacists as well as collective action by the profession, pharmacists will be able to use the Standards to identify their own educational needs and map out their own learning programs to maintain competence. In so doing, they and the profession will move closer to the goal of having pharmacists assume primary responsibility for their own ongoing professional education. The four major areas of responsibility for pharmacists are broken into the following Sections:



Section I. General Management And Administration Of the Pharmacy

Selects and supervises pharmacists and nonprofessionals for pharmacy staff; establishes a pricing structure for pharmaceutical services and products; administers budgets and negotiates with vendors; develops and maintains a purchasing and inventory system for all drugs and pharmaceutical supplies; initiates a formulary system. In general, establishes and administers pharmacy management, personnel, and fiscal policy.

Responsibility No. 1: Establishes and/or implements written policies and procedures for pharmacy operations (30).

Tasks:

1. Identifies each specific pharmaceutical function performed.
2. Within each functional area develops specific policies and procedures consistent with legal, institutional, and/or professional guidelines.
   (a) Assures that the format of each policy or procedure is uniform.
   (b) Uses sufficient detail to express each concept or topic.
   (c) Clearly states circumstances, conditions, and personnel that are covered by (or subject to) each policy and/or procedure.
   (d) Clearly states where performance of a procedure is limited to certain personnel.
   (e) Assures that policies and procedures are consistent with established job descriptions.
   (f) Assures that the policies and procedures do not duplicate or conflict with one another.
3. Organizes policies and procedures to allow a quick and logical method for reference.
4. Subjects policies and procedures to appropriate review process.
5. Generates and distributes policies and procedures to appropriate personnel.
   (a) Identifies where and to whom copies of policies and procedures are to be distributed.
   (b) Updates distribution list when appropriate.
6. Educates the staff regarding scope and content of the policies and the proper use of policies as a reference and/or job aid.
   (a) Orients new employees.
   (b) Provides periodic in-service and/or refresher training for current employees.
7. Periodically reviews and updates policies and procedures.

Responsibility No. 2: Plans or assists in the design and the layout of physical facilities for pharmacy (31).

Tasks:

1. Evaluates the functions to be performed in the practice setting.
2. Plans for reasonable physical space for each function unit in coordination with physical arrangement to give the best work flow.
3. Plans for the comfort and convenience of the patient and/or personnel.
4. Creates an environment conducive to patient/pharmacist and health professional/pharmacist interaction.
5. Develops a good traffic flow pattern where applicable.
6. Periodically re-evaluates space allocations.

Responsibility No. 3: Reviews operations of the pharmacy for compliance with local, state, and federal laws and regulations (33).

Tasks:

1. Maintains current copies of all regulations.
2. Reviews all regulations on a periodic regular basis.
3. Conducts physical inspection of pharmacy facilities to insure compliance.
4. By observation, verifies that personnel in the pharmacy are performing their responsibilities in compliance with regulations.

Responsibility No. 4: Develops and implements an appropriate pharmacy security system to prevent theft and/or drug diversion (34).

Tasks:

1. Evaluates practice site history and setting to determine overall security needs.
2. Establishes a secure physical environment.
3. Establishes internal controls and procedures as indicated.
4. Periodically reviews security needs and makes adjustments in physical environment and internal procedures as indicated.

Responsibility No. 5: Establishes a pricing structure for pharmaceutical

Note: The number in parentheses following each responsibility refers to the responsibility number as it appeared initially on the questionnaire used in the national survey of pharmacists.

services and products (35).

Tasks:
1. Establishes a pricing structure based on sound management principles which would provide a "fair and reasonable" return on investment.
2. Periodically reviews pricing structure and revises as indicated.

Responsibility No. 6: Initiates a formulary system to meet the needs of patients and practitioners (36).

Tasks:
1. Determines whether informal (unwritten) or formal (written) formulary system is appropriate.
2. Determines patient and practitioner population to be served by formulary system.
3. Determines guidelines for inclusion in the formulary.
   (a) Determines manufacturing source(s).
   (b) Determines whether drug has potential for inequivalence.
   (c) Determines cost differential for different sources.
   (d) Determines manufacturer reliability.
   (e) Determines whether there is a great difference in formulation among products (e.g., taste, ointment/cream base).
   (f) Determines allergenicity of product.
   (g) Inspects product for defects.
   (Further quantification of these elements may be found in Section II, Responsibility No. 6: Selects the manufacturing source of drug(s)/ product(s) to be dispensed for a prescription order written in generic terminology; Tasks 1,2,4,5,6,7, and 8.)
4. Implements and administers the formulary.
   (a) Educates health care practitioners of formulary system.
   (b) Develops procedures for handling addition to or deletion from the formulary.
   (c) Initiates procedures for obtaining nonformulary drugs.
5. Periodically reviews formulary, revising as necessary.

Responsibility No. 7: Establishes and maintains an ongoing cost analysis program (37).

Tasks:
1. Implements an effective accounting system.
2. Identifies cost centers: prescription, nonprescription (e.g., sundries, cosmetics).
3. Develops cost information retrieval system.
4. Utilizes and evaluates the information generated.

Responsibility No. 8: Maintains and reconciles accounts receivable from various third-party payors (38).

Tasks:
1. Maintains a record system for third-party receivables.
2. Completes appropriate billing process.
3. Reconciles differences between charges submitted and payments received.
4. Corrects and resubmits claim.

Responsibility No. 9: Prepares and/or participates in the preparation of the budget and its controls in providing for pharmacy services (39).

Tasks:
1. Reviews previous budget to evaluate adequacy in meeting needs.
2. Projects changes in budget for previously budgeted items.
3. Determines additions and/or deletions with justifications to previous budget.
4. Establishes procedures for periodically reviewing and evaluating performance with respect to budget.

Responsibility No. 10: Reviews and/or prepares periodic reports of pharmacy's fiscal performance in relation to budget (40).

Tasks:
1. Establishes frequency of periodic reports.
2. Collates fiscal and budgetary data.
3. Evaluates performance against budget.
4. Prepares fiscal/budget reports.

Responsibility No. 11: Develops and maintains an inventory system for all drugs, pharmaceutical supplies, etc., in active and inactive storage areas (41).

Tasks:
1. Establishes inventory goals.
2. Selects appropriate method of inventory control.
3. Develops method for maintaining optimal stock levels.
4. Periodically reviews inventory goals, method of inventory control, and optimal stock levels.

Responsibility No. 12: Establishes and monitors a system to insure proper storage conditions for perishable pharmacy items (42).

Tasks:
1. Identifies all items requiring special storage.
2. Establishes equipment necessary to meet storage requirements in all drug storage areas.
3. Establishes receiving procedures for the handling of special storage drugs.
4. Establishes procedures to monitor the proper storage of special storage drugs.
5. Establishes procedures to monitor the operation of special storage drug equipment.

Responsibility No. 13: Develops and maintains a system for the regular removal from storage areas of all pharmaceutical items that are outdated or whose manufacture has been discontinued (43).

Tasks:
1. Regularly reviews professional literature for recalled and/or discontinued items.
2. Systematically reviews dating on all dated items in stock.
3. Disposes of removed items in an appropriate manner.

Responsibility No. 14: Assists in design or implementation of computer systems for use in the pharmacy (e.g., patient records, inventory control, drug utilization) (47).

Tasks:
1. Determines feasibility of using a computer to meet pharmacy needs.
2. Defines the functions the computer is to perform.
3. Defines format of output necessary to meet pharmacy needs.
4. Determines cost/benefit ratio of alternative systems.

5. Insures that operators use the system competently.
6. Monitors system for efficiency.

Responsibility No. 15: Establishes drug quality specifications for drugs to be purchased (48).

Tasks:
1. Determines manufacturing sources.
2. Determines manufacturer reliability.
   (a) Assesses quality control data.
   (b) Reviews recall records.
   (c) Inspects product for defects.
3. Develops list of criteria for identifying potential inequivalence.
   (a) Consults references which rate potential inequivalence (e.g., FDA information).
   (b) Determines whether drug has low water solubility.
   (c) Determines whether condition being treated needs high or critical serum levels.
   (d) Determines whether drug has narrow therapeutic index.
   (e) Determines whether formulation is designed for delayed absorption.
   (f) Assesses bioavailability data, if available.
4. Develops quality specifications for evaluating differences in formulation among products (e.g., taste, ointment/cream base).
5. Inspects products for defects.

Responsibility No. 16: Determines primary and alternate vendors for pharmaceutical supplies (49).

Tasks:
1. Determines buying policy.
2. Evaluates vendor programs.
3. Institutes buying program to maximize cost effectiveness.

Responsibility No. 17: Prepares and/or reviews purchase orders (both routine and emergency) (50).

Tasks: (none)

Responsibility No. 18: Negotiates with vendors regarding cost, delivery schedule, etc. (51). Tasks: (none)

Responsibility No. 19: Verifies that purchases received from vendor conform to the specifications on the original purchase order and authorizes payment (52).

Tasks:
1. Compares items ordered with items received.
2. Compares invoiced items with items received and marks according to established policy.
3. Verifies correctness of prices.
4. Verifies correctness of invoice extension and total.
5. Approves payment.

Responsibility No. 20: Establishes, administers, and interprets personnel policies and procedures (53).

Tasks:
1. Develops and promulgates written employee policies and procedures.
2. Explains personnel policies to all employees.
3. Administers policies and procedures.
4. Establishes feedback apparatus to evaluate policies.
5. Evaluates compliance with policies and procedures.
6. Where necessary, counsels with employees.

Responsibility No. 21: Prepares written job descriptions for pharmacists and nonpharmacists on pharmacy staff (54).

Tasks:
1. Develops an organizational chart.
2. Prepares job descriptions.
   (a) States title, duties, and responsibilities.
   (b) States any limitations.
   (c) Identifies the department and the immediate supervisor.
3. Consults with each employee to insure understanding of the job duties.
4. Develops a mechanism for revision of job descriptions as circumstances and personnel needs dictate.

Responsibility No. 22: Recruits, interviews, selects, and hires pharmacists and nonpharmacists for pharmacy staff (55).

Tasks:
1. Establishes a continuous recruitment program using multiple channels and methods (e.g., newspapers, employees, schools, other referrals).
2. Uses a selection process (interviews, tests, evaluation of training and experience) which identifies able prospective employees and conforms to legal guidelines.
3. Maintains appropriate records (sex, race, etc.) on applicants and selected employees required by legal guidelines.

Responsibility No. 23: Instructs and trains pharmacist and nonpharmacist staff in carrying out assigned responsibilities (56).

Tasks:
1. Evaluates employee performance against established standards of performance.
2. Determines individual and group needs for training.
3. Trains and/or refers employees for appropriate training.

Responsibility No. 24: Supervises and evaluates job performance of pharmacy staff (57).

Tasks:
1. Establishes procedure for evaluating job performance of pharmacy staff consistent with legal guidelines.
2. Reviews or supervises review of evaluation of employees.

Responsibility No. 25: Schedules work hours for pharmacy staff (58).

Tasks: (none)

Responsibility No. 26: Institutes disciplinary action and/or discharges pharmacy staff for cause (59).

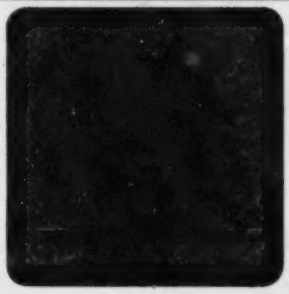
Tasks:
1. Notes violations of rules or procedures and/or identifies inadequate performance.
2. Discusses situation with employee and records results of discussion.
3. Decides whether to counsel, institute discipline, or discharge.
4. Records and documents course of action taken consistent with legal guidelines.

Responsibility No. 27: Administers wage, salary, and benefit programs for pharmacy staff (60).

Tasks:
1. Establishes wage and benefit (e.g., pay, discounts, insurance, va-

cation, sick leave, holidays) policies consistent with competitive factors, legal requirements, and budgetary constraints.

2. Assists employees in understanding and utilizing the wage, salary, and benefit program.
3. Determines salary adjustments to the wage and benefit package, based on evaluation of employee performance, in a fair and equitable manner.



Section II. Activities Related To Processing The Prescription

Verifies prescription for legality and physical and chemical compatibility; checks patient record before dispensing prescription; measures quantities needed to dispense prescription; performs final check of finished prescription; dispenses prescriptions.

Responsibility No. 1: Determines necessity of immediately handling the preparation and delivery of the medication to the patient (emergency or stat) (1).

Tasks:

1. Receives a request for an immediately needed drug.
2. Screens prescription order to determine priority of handling prescription.
   (a) Determines therapeutic category of prescription medication(s).
   (b) Determines regulatory responsibilities.
   (c) Determines route of administration.
3. Gathers additional information about the situation to determine immediacy of the need.
   (a) Observes the patient condition.
   (b) Questions patient or patient's agent to determine:
      (i) Patient complaint.
      (ii) Whether problem is of an acute nature.
      (iii) Whether patient received starter or "stat" dose.
   (c) Questions other appropriate sources where necessary.

Responsibility No. 2: Verifies prescription order for completeness and legality (2).

Tasks:

1. Checks prescription order to verify that it can be legally filled. Verifies that order is written by a person authorized to prescribe, checking the following items:
   (a) The prescriber is identified.
   (b) The prescriber is licensed/authorized to prescribe by the appropriate agency.
   (c) The prescriber has ordered medication that is within his/her legal privileges.
   (d) The prescription is not forged.
   (e) The date of the prescription order is within legal limits.
   (f) Other legal requirements of the prescription have been met (e.g., name, address).
2. Checks for completeness of prescription order. Checks to see that the following are legibly included on the prescription:
   (a) Name of medication.
   (b) Number of dosage units to be dispensed (when appropriate).
   (c) Dosage form and strength.
   (d) Complete directions that insure rational drug usage.
   (e) Item described is allowable under formulary, where applicable.
   (f) Route of administration delineated.
   (g) Third-party payor identification number.
3. Obtains additional information necessary to make prescription order complete and legal.
   (a) Interviews patient for additional information.
   (b) Calls prescriber to obtain necessary information.
   (c) Calls appropriate person(s) and/ or agency to obtain additional information.

Responsibility No. 3: Verifies prescription order for amount per dose, appropriate route, frequency, and duration of therapy (3).

Tasks:

1. Evaluates the dose.
   (a) Verifies dose as falling within therapeutic ranges.
   (b) Verifies dose as nontoxic.
   (c) Determines that dose is practical to measure and administer.
   (d) Determines physical availability of dosage.
2. Evaluates route of administration.
   (a) Verifies dose as falling within therapeutic ranges.
   (b) Verifies dose as nontoxic.
   (c) Determines that dose is practical to measure and administer.
   (d) Determines physical availability of dosage.
3. Evaluates the frequency of dosage administration.
   (a) Checks that the total daily dose (amount/dose × frequency) is therapeutic and nontoxic.
   (b) Obtains information from patient and other sources regarding disease state being treated.
   (c) Evaluates whether frequency

of administration is consistent with disease state being treated.
(d) Evaluates whether frequency of administration is consistent with the drug and dosage form characteristics.
(e) Evaluates the duration of therapy for inappropriateness.
4. Consults with prescriber to provide suggestion for alteration(s) of order.

Responsibility No. 4: Verifies prescription order for physical and chemical compatibility (4).

Tasks:
1. Verifies that quantity of vehicle (diluent, IV fluid) is appropriate to the drug(s).
(a) Confirms that drug(s) is (are) soluble in ordered quantity of vehicle.
(b) Confirms that drug(s) is (are) stable in ordered quantity or vehicle.
2. Verifies that concentration of vehicle is appropriate to the drug(s).
(a) Confirms that drug(s) is (are) soluble in ordered quantity of vehicle.
(b) Confirms that drug(s) is (are) stable in ordered quantity of vehicle.
3. Verifies that type of vehicle is appropriate to the drug(s).
(a) Confirms that pH of vehicle is compatible with drug(s).
(b) Confirms that drug(s) is (are) soluble/miscible in ordered type of vehicle.
(c) Confirms that drug(s) is (are) stable in ordered type of vehicle.
4. Verifies that order contains no drug-drug incompatibilities.
(a) Checks that pHs of drugs are compatible.
(b) Checks that mixture will not chelate.
(c) Checks that mixture will not precipitate.
(d) Checks that drugs will not inactivate each other.
5. Verifies that preservative(s) is (are) compatible with order.

Responsibility No. 5: Checks patient record for pertinent patient information before dispensing prescription medication (5).

Tasks:
1. Verifies that records pertain to the correct patient.
2. Checks prescription order against patient drug sensitivities/allergies.
3. Checks compatibility of prescription order with current patient diagnosis.
4. Checks prescription order against patient profile data for presence of interactions.
(a) Drug-drug interaction.
(b) Drug-diet interaction.
(c) Drug-lab interaction.
(d) Drug-disease interaction.
(e) Inappropriate concurrent prescribing.
5. Checks patient statistics to determine whether any factors will affect response to drug.
(a) Weight.
(b) Age.
(c) Race.
(d) Sex.
(e) Occupation.

Responsibility No. 6: Selects the manufacturing source of drug(s)/product(s) to be dispensed for a prescription order written in generic terminology (6).

Tasks:
1. Determines manufacturing source(s) of generic order.
2. Determines whether the order contains any drug(s) which has (have) potential for inequivalence.
(a) Consults reference(s) which rate(s) potential inequivalence (e.g., FDA information).
(b) Determines whether drug has low water solubility.
(c) Determines whether condition being treated needs high or critical serum levels.
(d) Determines whether drug has narrow therapeutic index.
(e) Determines whether formulation is designed for delayed absorption.
(f) Assesses bioavailability data, if available.
3. Determines whether patient has taken specific brand of drug before or chronically.
(a) Refers to patient record.
(b) Communicates with patient or practitioner.
4. Determines cost differential for different sources.
5. Determines manufacturer reliability.
(a) Assesses quality control data.
(b) Reviews recall records.
6. Determines whether there is a great difference in formulation among products (e.g., taste, ointment/cream base).
(a) Ascertains whether patient/condition needs certain formulation.
7. Determines whether patient is allergic to nondrug components of product.
(a) Selects brand which is allergen free.
8. Inspects product for defects.
9. Communicates change or choice of brand to patient/practitioner if legally or ethically indicated.
10. Makes notation on prescription order indicating specific drug product and manufacturer selected.

Responsibility No. 7: Selects the manufacturing source of drug(s)/product(s) to be dispensed for a brand name prescription order in those cases where legally authorized (7).

Tasks:
1. Determines manufacturing source(s) of generic order.
2. Determines whether the order contains any drug(s) which has (have) potential for inequivalence.
(a) Consults reference(s) which rate(s) potential inequivalence (e.g., FDA information).
(b) Determines whether drug has low water solubility.
(c) Determines whether condition being treated needs high or critical serum levels.
(d) Determines whether drug has narrow therapeutic index.
(e) Determines whether formulation is designed for delayed absorption.
(f) Assesses bioavailability data, if available.
3. Determines whether patient has taken specific brand of drug before or chronically.
(a) Refers to patient record.
(b) Communicates with patient or practitioner.

4. Determines cost differential for different sources.
5. Determines manufacturer reliability.
   (a) Assesses quality control data.
   (b) Reviews recall records.
6. Determines whether there is a great difference in formulation among products (e.g., taste, ointment/cream base).
   (a) Ascertains whether patient/condition needs certain formulation.
7. Determines whether patient is allergic to nondrug components of product.
   (a) Selects brand which is allergen free.
8. Inspects product for defects.
9. Communicates change or choice of brand to patient/practitioner if legally or ethically indicated.
10. Makes notation on prescription order indicating specific drug product and manufacturer selected.

Responsibility No. 8: Measures quantities needed to dispense the prescription (8).

Tasks:
1. Measures and counts oral dosage forms.
   (a) Selects and cleans appropriate equipment.
   (b) Observes usual precautions for proper drug handling.
   (c) Measures out or counts appropriate amount.
2. Measures appropriate substances needed for extemporaneous compounding.
   (a) Selects, cleans, and calibrates needed equipment.
   (b) Observes usual precautions for proper drug handling.
   (c) Measures out or counts appropriate amount.
   (d) Performs appropriate calculation.
3. Annotates on prescription order the calculations made.
4. Selects prepackaged unit-of-use item.
   (a) Removes non-patient-oriented labels and inserted materials.
   (b) Checks for completeness of product (e.g., inserter with vaginal products).
   (c) Checks quantities in prepared sizes.

Responsibility No. 9: Compounds the prescribed ingredients according to prescription formula or instructions (9).

Tasks:
1. Selects appropriate equipment and environment.
2. Cleans preparation area before and after compounding.
3. Mixes ingredients in proper sequence.
4. Performs the steps necessary to produce a pharmaceutically elegant product.
5. Follows aseptic techniques where necessary.

Responsibility No. 10: Reconstitutes lyophilized or powdered pharmaceuticals into a dosage form suitable for administration (10).

Tasks:
1. Prepares a pharmaceutical product for reconstitution by loosening powder.
2. Selects and adds proper diluents; shakes to insure complete mixing.
3. Checks for complete solution or suspension.

Responsibility No. 11: Performs packaging and labeling functions to promote product stability (11).

Tasks:
1. Selects appropriate package for medication.
   (a) Package will be of appropriate size.
   (b) Package meets storage requirements.
   (c) Package meets legal requirements.
   (d) Package meets patient requirements.
2. Transfers measured number of dosage units to prescription container.
3. Closes/seals prescription container(s).
4. Selects proper storage labeling.
5. Notates on prescription order if non-child-resistant container was dispensed.

Responsibility No. 12: Selects appropriate labeling for prescription container and includes patient instructions (12).

Tasks:
1. Prepares primary label.
   (a) Meets all legal requirements.
   (b) Contains clear, concise, and comprehensive instructions to patient.
   (c) Is legible and professional in appearance.
2. Chooses appropriate auxiliary labels reinforcing or supplementing instructions on primary label.
3. Affixes appropriate (proper) label(s) to product.
4. Makes notations on prescription order to insure consistent future labeling.
   (a) Notes what labeling instructions used.
   (b) Notes size and type of container used.

Responsibility No. 13: Performs a final check of the finished prescription to insure that each of the steps has been accomplished accurately (13).

Tasks:
1. Checks prescription label for accuracy against prescription order.
   (a) Verifies patient name is correct.
   (b) Verifies directions are correct.
   (c) Verifies medication and dosage form are correct.
   (d) Verifies expiration date of medication.
   (e) Verifies dispensing date.
   (f) Verifies prescriber.
   (g) Initials prescription label if necessary.
2. Checks medication for accuracy against prescription order.
   (a) Verifies correct medication.
   (b) Verifies correct dosage form.
   (c) Verifies correct strength.
   (d) Verifies correct manufacturer.
   (e) Verifies correct quantity dispensed.
   (f) Returns bulk container to storage area.
3. Checks auxiliary label instructions.
   (a) Reviews special storage requirements.
   (b) Reviews special administration requirements.

(c) Reviews special preparation requirements.
4. Determines price of prescription.
5. Initials and/or signs prescription.

Responsibility No. 14: Develops and maintains an inventory system for all drugs, pharmaceutical supplies, etc., in active and inactive storage (41).

Tasks:
(See Section I, Responsibility No. 11.)

Responsibility No. 15: Establishes and monitors a system to insure proper storage conditions for perishable pharmacy items (42).

Tasks:
(See Section I, Responsibility No. 12.)

Responsibility No. 16: Develops and maintains a system for the regular removal from storage areas of all pharmaceutical items that are outdated or whose manufacture has been discontinued (43).

Tasks:
(See Section I, Responsibility No. 13.)

Responsibility No. 17: Maintains a record file of current prescription orders including pertinent patient information and renewal data (44).

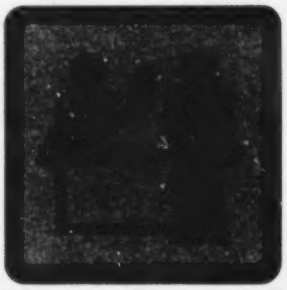
Tasks:
1. Complies with legal requirements for filing prescription orders.
(a) Records in proper form.
(b) Records stored to provide proper access and preservation.
(c) Appropriate retention policies in effect.
2. Reviews prescription order for completeness before filing.
(a) Checks prescription to determine that all legal requirements have been met.
(b) Checks that all necessary notations on labeling and container used are posted.
(c) Checks that prescription order is signed or initialed.

Responsibility No. 18: Maintains a record of controlled substances and poisons received, stored, and dispensed by pharmacy (45).

Tasks:
1. Complies with legal requirements for processing prescription orders for controlled substances.
2. Complies with legal requirements for maintaining record of over-the-counter controlled substances and poisons.

Responsibility No. 19: Prepares and/or reviews purchase orders (both routine and emergency) (50).

Tasks:
(none)



Section III. Patient Care Functions

Clarifies patient's understanding of dosage; integrates drug-related with patient-related information; advises patient of potential drug-related conditions; refers patient to other health care resources; monitors and evaluates therapeutic response of patient; reviews and/or seeks additional drug-related information.

Responsibility No. 1: Reviews and/or seeks additional drug-related information (e.g., cost, pharmacokinetic characteristics, bioavailability, common adverse effects) to identify potential problems regarding drug therapy (14).

Tasks:
1. Collects subjective and objective data to further clarify the situation.
2. Determines what type of information is needed, if any.
3. Retrieves and reviews information from appropriate sources.
4. Evaluates information obtained.

Responsibility No. 2: Reviews patient-related information for potential problems regarding drug therapy (e.g., socioeconomic factors, compliance habits, disease influences) (15).

Tasks:
1. Screens existing information on patient.
(a) Reviews prior and present medical problem(s).
(b) Reviews drug usage (including OTC and prescription).
(c) Reviews patient compliance with drug regimen.
(d) Reviews drug allergies or sensitivities, i.e., date, route of administration, type of reaction.
(e) Reviews list of health care practitioners consulted.
(f) Reviews laboratory and physical examination results.
2. Collects additional information from appropriate sources if necessary.
3. Evaluates information obtained.

Responsibility No. 3: Interviews the patient or his/her representative to obtain information for entry into patient record, patient profile, or family health record (16).

Tasks:
1. Identifies patient.
2. Uses effective communication techniques in accomplishing the following:

(a) Obtains history of prior and present medical problem(s).
(b) Obtains history of drug usage (including OTC and prescription).
(c) Obtains history of patient compliance with drug regimen.
(d) Obtains history of drug allergies or sensitivities, i.e., date, route of administration, type of reaction.
(e) Obtains list of health care practitioners consulted.
(f) Verifies patient health information where possible.

Responsibility No. 4: Integrates drug-related with patient-related information in order to determine appropriate course of action (e.g., timing of dosage schedule, advising patient of possible adverse effects) (17).

Tasks:
1. Determines whether patient is predisposed to side effect because of disease state(s).
2. Determines whether potential exists for a significant drug interaction.
3. Determines whether patient manifests signs and/or symptoms of potential problems.
4. Assesses significance of potential problem(s) regarding drug therapy.
5. Determines alternative(s) to present regimen.

Responsibility No. 5: Confirms and further clarifies patient's understanding of medication dosage, dosage frequency, and method of administration (18).

Tasks:
1. Assesses level at which to communicate with patient.
2. Determines whether patient understands how to use medication.
3. Ascertains from patient and/or records factors affecting compliance. Determines:
(a) Life style (e.g., sleeping hours, working hours, eating schedule).
(b) Compliance history.
(c) Attitude toward disease and medication.
(d) Physical and/or mental impairments.
(e) Socioeconomic constraints.
(f) Living conditions.
4. Determines whether potential compliance problem exists.
5. Determines appropriate dosing regimen based on prescription directions, drug's characteristics, and patient's schedule, consulting with physician when necessary.
6. Explains dosing regimen to patient.
(a) Suggests time of administration.
(b) Explains or demonstrates method of administration.
(c) Asks whether there are questions.
(d) Has patient describe dosing regimen.

Responsibility No. 6: Advises patient of potential drug-related or health-related conditions which may develop from the use of the medication for which patient should seek other medical care (19).

Tasks:
1. Determine indication for drug use if possible.
2. Assesses patient's level of anxiety regarding the prescription/disease.
3. Assesses benefit vs. risk of explaining side effect and/or expected response.
4. Explains possible effects of drug use to patient.
(a) Explains to patient how to recognize the signs and/or symptoms that indicate:
(i) Therapeutic response.
(ii) Therapeutic failure.
(iii) Pertinent side effects.
(b) Advises patient what to do if signs and/or symptoms occur.
(c) Advises patient how to minimize side effects.
(d) Assesses whether patient understands explanation.
5. Notifies practitioner of pharmacist/patient interaction if indicated.

Responsibility No. 7: Updates the patient's history in the patient's record from information obtained by recurring patient interviews (20).

Tasks: None.

Responsibility No. 8: Consults with patient to properly identify symptoms in order to advise patient for self-medication (21).

Tasks:
1. Identifies patient.
2. Uses effective communication techniques in identifying major symptoms of patient:
(a) Onset of symptom.
(b) Duration of symptom.
(c) Severity of symptom.
(d) Description of symptom.
(e) Location of symptom.
(f) Other associated symptoms.
(g) Relief of symptom.
(h) Self-treatment history.
3. Through interview, further defines symptom complex.
4. Obtains information on other medical problems, drug therapy (including OTCs), drug allergies, and sensitivities.
(a) Through patient interview.
(b) Through patient record.
5. Observes patient when feasible or obtains information from patient's agent.
6. Performs physical assessment (e.g., inspection of wound.)
7. Makes professional judgment as to patient's condition and need for referral (See Responsiblities No. 4 and 1).
8. Recommends a product, no treatment, or other treatment or refers to appropriate health care professional (See Responsibilities No. 6, 9 and 13).
9. Educates patient as to proper use of medications, dosage and precautions, etc. (See Responsibilities No. 5 and 6).
10. Arranges for follow-up, if necessary.
11. Makes appropriate entry into patient's record (See Responsibility No. 7).

Responsibility No. 9: Refers patient to other health care providers and/or health resources where indicated (22).

Tasks:
1. Determines need for referral.
2. Recommends appropriate professional/agency for referral based on needs and severity.
3. Selects most appropriate method to facilitate meeting of patient's needs.

Responsibility No. 10: Provides infor-

mation, treatment, and/or referral in emergency cases involving ingestion of toxic substances (23).

Tasks:
1. Maintains information system for dealing with emergency situation (e.g., poison control center, antidote chart, references).
2. Obtains information to further define the ingestion situation.
3. Evaluates information and recommends treatment or referral.

Responsibility No. 11: Continuously evaluates and monitors therapeutic response of patient to prescribed medication (24).

Tasks:
1. Determines appropriate clinical parameters to monitor:
   (a) Progress/status of disease state and its complications.
   (b) Effectiveness of therapy.
   (c) Patient compliance with all aspects of therapeutic plan.
   (d) Toxicity/adverse effects of therapeutic regimen.
2. Collects appropriate subjective and objective data in order to evaluate parameters.
3. Evaluates the data collected.
4. Recommends therapeutic regimen modification where necessary.
5. Enters evidence of monitoring and evaluation into appropriate patient record.

Responsibility No. 12: Upon request, reviews and interprets medication history to the physician, patient, or other persons involved with patient's care (25).

Tasks: None.

Responsibility No. 13: Makes recommendations regarding drug therapy to the physician, patient, or other persons involved with patient's care (26).

Tasks:
1. Makes alternate recommendations for treatment plan after evaluating data base.
2. Documents recommendations made.

Responsibility No. 14: Monitors patient records for indications of drug abuse or misuse (27).

Tasks:
1. Develops procedures for identifying drug misuse and a method for communicating information to relevant individuals.
2. Utilizes procedures to monitor patient and patient's records for signs and symptoms that might indicate abuse or misuse.
3. Institutes appropriate corrective action.

Responsibility No. 15: Participates in emergency patient care activities (28).

Tasks:
1. Assesses needs for pharmacist's involvement in emergency care activities in the practice setting.
2. Actively participates in certain emergency situations (e.g., CPR team, emergency prescription service).
3. Supports services for emergency activities (e.g., provides supplies for rescue squad and civil defense planning).

Responsibility No. 16: Advises patients on personal health matters (e.g., smoking, drug abuse) (61).

Tasks:
1. Maintains pharmacist's availability to patients.
2. Makes available health care information.

Responsibility No. 17: Instructs patients in the use of medical or surgical appliances (e.g., inhalers, colostomy bags, trusses) (62).

Tasks:
1. Possesses expertise in medical and surgical appliances and services offered by the pharmacy.
2. Maintains a private fitting room if applicable.
3. Instructs patient in the use and care of medical and surgical appliances.

Responsibility No. 18: Publicizes and/or participates in mass screening programs (e.g., hypertension, diabetes, TB, VD) (63).

Tasks:
1. Determines the need for pharmacist participation in mass screening programs.
2. Determines pharmacist's degree of participation in the program.
3. Participates in the organization, promotion, and operation of mass screening programs (e.g., publicity, mechanics of program, materials, equipment).

Section IV. Education of Health Care Professionals and Patients

Organizes, maintains, and provides drug information to other health care professionals; organizes and/or participates in "in-pharmacy" education programs for other pharmacists; makes recommendations regarding drug therapy to physician or patient; develops and maintains system for drug distribution and quality control.

Responsibility No. 1: Continuously evaluates and monitors therapeutic

response of patient to prescribed medication (24).

Tasks:
(See Section III, Responsibility No. 11).

Responsibility No. 2: Makes recommendations regarding drug therapy to the physician, patient, or other persons involved with patient's care (26).

Tasks:
(See Section III, Responsibility No. 13).

Responsibility No. 3: Participates in emergency patient care activities (28).

Tasks:
(See Section III, Responsibility No. 15).

Responsibility No. 4: Develops and implements systems for drug distribution and drug administration in institutional settings (e.g., nursing homes, hospitals) (32).

Tasks:
1. Determines need for type of drug control system (e.g., unit dose, specialized drug administration system).
2. Examines available resources (e.g., personnel, space).
3. Develops appropriate drug control system including written policies and procedures.
4. Obtains necessary resources (e.g., space, equipment, personnel).
5. Trains personnel.
6. Operationalizes system.
7. Monitors and evaluates performance of system.
8. Implements necessary changes.

Responsibility No. 5: Initiates a formulary system to meet the needs of patients and practitioners (36).

Tasks:
(See Section I, Responsibility No. 6).

Responsibility No. 6: Develops and maintains quality control records for drugs that are prepackaged, bulk compounded, sterile product formulated, etc. (46).

Tasks:
1. Identifies drugs which need quality control records (e.g., inspection, chemical analysis, lot number control, microbiological analysis).
2. Determines standards and ranges of acceptability for each drug.
3. Documents and maintains records of quality control activities.

Responsibility No. 7: Prepares and/or reviews purchase orders (both routine and emergency) (50).

Tasks:
(none)

Responsibility No. 8: Participates in appropriate community educational programs relating to health care and drugs (e.g., drug abuse, alcoholism, hypertension) (64).

Tasks:
1. Maintains pharmacist's availability for community educational programs.
2. Defines areas of participation.

Responsibility No. 9: Provides drug information to other health care professionals in a formal setting (e.g., organizes in-service educational programs, lectures, seminars, exhibits) (65).

Tasks:
1. Determines drug information needs to be met.
2. Organizes drug information into program.
3. Evaluates program.

Responsibility No. 10: Participates in utilization reviews, medical audits, and medical care evaluations (e.g., as a member of medical care evaluation committee or in peer review) (66).

Tasks:
1. Promotes pharmacy representation in quality assurance activities.
2. Participates in development of criteria and standards.
3. Participates in collection and evaluation of data.
4. Participates in initiating measures to improve the quality of patient care.

Responsibility No. 11: Assists in establishing, executing, tabulating, and evaluating clinical studies regarding drugs (67).

Tasks:
1. Participates in the design and/or conduct of studies.
   (a) Identifies questions to be studied or problems to be solved within various practice settings (e.g., community, academic, institutional).
   (b) Conducts studies recognizing the limitations of practice settings.
   (c) Disseminates findings.

Responsibility No. 12: Organizes and/or participates in "in-pharmacy" education programs for other pharmacists (69).

Tasks:
1. Identifies education/training needs.
2. Organizes training.
   (a) Identifies resources and screens for appropriateness.
   (b) Develops material, where necessary.
3. Administers training/education program.
4. Evaluates results.

Responsibility No. 13: Selects, evaluates, organizes, and maintains a current library of drug information for use of pharmacy personnel in their training and conduct of their day-to-day operations (70).

Tasks:
1. Identifies any special areas of need based on legal requirements and practice setting.
2. Identifies sources available (e.g., textbooks, journals, subscription services, retrieval systems, phone numbers of drug information/poison centers) and evaluates materials for completeness, reliability, currency, ease of use, etc.
3. Obtains and organizes sources and places in a convenient location.
4. Orients and/or trains employees.
5. Periodically updates materials.

Responsibility No. 14: Serves as a member of governmental health boards (e.g., mental health board, health systems agencies) (71).

Tasks:
1. Maintains pharmacist's availability.
2. Competently performs tasks expected of board member.

National Study Shows What Pharmacists Actually Do

Six years ago, two professional pharmacy organizations recognized the need "to assist the profession in developing a basic guide for planning and implementing programs to assure that registered and/or licensed pharmacists maintain competence to practice."

A joint APhA/AACP task force was established to investigate and pursue ways of reaching that lofty goal.

The first major step in the plan, which has led to the "Standards of Practice" published here, was a national study of the current practice of pharmacy. The results of the study are contained in a 110-page book published last July by APhA and AACP.*

The study was developed for APhA/AACP by Educational Testing Service of Princeton, New Jersey. The inventory was mailed to a national sample of 5,025 pharmacists. Some 33 percent (1,647) completed the inventory and were counted in the survey. Respondents were asked to rate 71 responsibilities which were identified as describing the practice of pharmacists. The major responsibilities were grouped under four categories listed on the next page.

The report contains no surprises for practicing pharmacists. It found that there is a great deal of consistency in the practice throughout the United States. And it indicates that the practice is changing—and will continue to change—in the direction of more patient counseling and care.

The major findings regarding pharmacy practice were:

- 95 percent of the pharmacists felt the study adequately covered the major responsibilities of their practice.
- In terms of basic responsibilities (or job dimensions), pharmacists in all but one major practice setting spend the major portion of their time on prescription processing, followed by patient care functions, then general management activities, and finally educational activities. (Pharmacists in long-term care facilities spent most of their time in patient care functions.)
- Pharmacists' responsibilities require *use* of knowledge—rather than simple recall, recognition and comprehension of facts.
- Pharmacists generally felt that in the next three to five years they would be spending less time on processing the prescription and more time on patient care functions.

In addition to a better understanding of the practice, the study revealed a number of details about pharmacists and their practice settings:

- 81 percent of the respondents were male; however, two thirds of the females entered practice within the past five years.
- Community practice comprises 45 percent males and 28 percent females; these male/female percentages are reversed for hospital practice.
- 63 percent graduated more than five years ago.
- The practice settings of the respondents were 43 percent community pharmacy, 29 percent hospital, 29 percent large chain, 8 percent small chain, and 3 percent long-term care facility.
- Geographic location of practice of respondents was 44 percent urban, 35 percent suburban, and 21 percent rural.
- 60 percent of the pharmacists in practice 16 years or more are community pharmacists.
- More than one third of the pharmacists practice with no other pharmacist on duty.

While the national study produced no real surprises, it did provide the data base for the development of the Standards of Practice and the upcoming assessment program. It also provides—for the first time — real statistical evidence about the actual practice of pharmacy in the United States today.

—Samuel H. Kalman and John F. Schlegel

*The full report of Phase I of the AACP/APhA Continuing Competence in Pharmacy Project may be obtained by writing: APhA Order Desk, 2215 Constitution Ave., NW, Washington, DC 20037. Request your copy of "A National Study of the Practice of Pharmacy." Price is $5.00.

Four Major Dimensions Of the Pharmacist's Job

General Management and Administration of the Pharmacy
Selects and supervises pharmacists and nonprofessionals for pharmacy staff; establishes a pricing structure for pharmaceutical services and products; administers budgets and negotiates with vendors; develops and maintains a purchasing and inventory system for all drugs and pharmaceutical supplies; initiates a formulary system. In general, establishes and administers pharmacy management, personnel, and fiscal policy.

Activities Related to Processing the Prescription
Verifies prescription for legality, and physical and chemical compatibility; checks patient record before dispensing prescription; measures quantities needed to dispense prescription; performs final check of finished prescription; dispenses prescription.

Patient Care Functions
Clarifies patient's understanding of dosage; integrates drug-related with patient-related information; advises patient of potential drug-related conditions; refers patient to other health care resources; monitors and evaluates therapeutic response of patient; reviews and/or seeks additional drug-related information.

Education of Health Care Professionals and Patients
Organizes, maintains, and provides drug information to other health care professionals; organizes and/or participates in "in-pharmacy" education programs for other pharmacists; makes recommendations regarding drug therapy to physician or patient; develops and maintains system for drug distribution and quality control.

Comparison of Judgments of Percentage of Time Spent By APhA Member and Nonmember Groups

		Time Spent Currently		Time Spent Next 3-5 Years	
		Member N=1,172	Nonmember N=230	Member N=1,101	Nonmember N=210
Processing the prescription	M	47	54	38	47*
Patient care functions	M	12	9	17	12
General management and administration	M	13	12	15	13
Inventory, record-keeping, and control	M	8	8	8	8
Purchasing and receiving	M	7	8	6	7
Personnel administration	M	5	5	5	5
Education of public, etc.	M	8	4	11	6
		100	100	100	98

*Significantly different from zero at the 0.05 level of confidence

Biographical Information Percentages for APhA Members and Nonmembers

	Member N=1,198	Nonmember N=234
Highest Degree Held		
PhG	2	5
PhC	0	0
BS or B pharmacy	84	89
MS pharmacy	4	2
PharmD	9	2
PhD	1	1
Ethnic Background		
Black	1	0
White	94	96
Spanish surnamed	1	0
American Indian	0	0
Oriental	3	3
Others	1	1
Geographic Area		
Urban	44	42
Suburban	34	40
Rural	22	19
How Many Pharmacists Work with You?		
A not applicable	4	3
0	36	43
1	30	31
2	11	10
3	6	6
4	3	1
More than 4	11	5

	Member N=1,198	Nonmember N=234
Sex		
Male	81	83
Female	19	17
Years in Pharmacy Practice		
Less than 2	22	4
2-5	20	6
6-10	17	17
11-15	11	12
16 or more	31	60
Professional Setting		
Individual community pharmacy	42	48
Small chain	8	8
Large chain	16	21
Long-term care	2	4
Hospital/acute care	31	19
Average Number of Prescriptions Filled Daily		
Not applicable	12	6
25 or less	2	1
26-50	9	16
51-100	26	29
101-150	17	20
151-200	10	10
201-300	7	7
301-400	4	3
401-500	3	2
More than 500	9	6